

SENDER: COMPLETE THIS SECTION

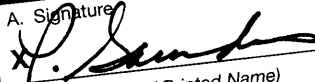
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hon. R. James Nicholson
Secretary
Department of Veterans Affairs
1722 I Street North West
Washington, DC 20421

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☐ Addressee

B. Received by (Printed Name)

P. Saunders

C. Date of Delivery

1-18-07

D. Is delivery address different from item 1? ☐ Yes ☐ No

If YES, enter delivery address below:

2:07CV JAN 18 2007

52 CVACO MAIL CENTER

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service label)

7006 0810 0006 3278 3748

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540